

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <i>X Paul Whaley</i></p> <p>B. Received by (Printed Name) <i>Paul Whaley</i></p> <p>C. Date of Delivery <i>27 apr 08</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <i>Dec 109</i></p> <p>E. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p> <p>F. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
1. Article Addressed to: <i>Paul Whaley</i> <i>ADOC</i> <i>P.O. Box 3019</i> <i>Mnt. Al</i> <i>36130-1501</i>		2. Article Number (Transfer from service) <i>7004 1160 0003 5811 1925</i>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	